

FEC  
FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

12 FEB -1 AM 11:07  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Georgians for Isakson

ADDRESS (number and street)

Post Office Box 250116

Check if different  
than previously  
reported. (ACC)

Atlanta

GA

30325

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00384693

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

GA

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

GA

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

GA

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jon Anderson

Signature of Treasurer

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
OnlyFEC FORM 3  
(Revised 02/2003)

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